ITSC News

IHS Information Technology Support Center

November 2002

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Jade Chapek, Editor
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HIPAA and The IHS

HIPAA—the big buzzword everyone's been talking about around the ITSC office. What is HIPAA, exactly? HIPPA stands for the Health Insurance Portability & Accountability Act of 1996, also know as Public Act 104-191 or the Kennedy-Kassebaum Bill. The most publicized aspect of HIPAA deals with making health insurance more portable by extending and protecting coverage in the event you changed or lost your job, or had to leave your job for medical reasons.

This aspect, however, is not the most compelling part of HIPAA for the ITSC. HIPAA Title II, the Administrative Simplification provision, requires that the Department of Health and Human Services establish national standardization for the exchange of electronic health care transactions, while also addressing privacy and security in healthcare. Additionally, Title II calls for a uniform identification system for health plans, providers, and employers. Congress passed this act to help alleviate the mass inconsistencies in electronic data interchange (EDI) between providers and health insurance companies, bringing order to the chaotic system now in existence.

In response to HIPAA, ITSC has devoted significant resources to the development of HIPAA compliant

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HIPAA-Related RPMS Patches

Accounts Receivable (BAR) V1.6, Patch 3
Patch 3 of version 1.6 of the A/R package addresses issues related to recent HIPAA Title II requirements. This patch contains a revised Site Parameter Edit option, a new Post HIPAA Standard 835 RA option, and a new Accounts Management menu and submenus. Through the Accounts Management menu and submenus, users will be able to send a 276 claim status request, receive the 277 claim status response, and run a report of request and response statuses.

Third Party Billing (ABM) V2.5, Patch 1
Patch 1 of the Third Party Billing package addresses issues related to recent HIPAA Title II requirements. This patch contains three new export modes and software to generate ANSI 837 claims. The new export modes are 837 Institutional, 837 Professional, and 837 Dental.

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Application Development News

PDA Pilot Test Project Underway

In June 2002, as part of a pilot test project, ITSC provided approximately 57 Personal Digital Assistants (PDA) to twelve different Area sites and providers. To participate in this pilot, each provider completed a four-page survey related to the PDA and their utilization of it.

Of the respondents, 82% felt the PDA improved clinical situations. Most of the providers, representing a wide range of specialties, felt the PDA provided easily accessible information such as medication data or drug dosing details. In addition, this information eliminated guesswork, enabled more direct time with patients, and improved confidences in treating patients.

Many of the providers also felt the scheduling capabilities, reference telephone numbers and addresses, and patient tracking components were useful non-clinical resources. There was a fairly even distribution in the types of applications used and commented on in this survey. Most providers using the Palm applications used the m105, m125, and m505; for the Handspring applications, most providers used the Deluxe, Pro, and Prism.

The most used non-drug application was the 5-minute clinical consultant (22%), and pregCalc came in second at 17%. The remainder of the non-drug application use was scattered among ACLS protocol, mini-mental status exam, MedCalc, MedMath, Shots 2002, Heart rate calc, 5-minute peds, and diets on various conditions.

61% of the respondents did not use any of the non-clinical applications, such as QuickSheet, Quicken, Spellman, or various dictionaries. It appeared that most of these providers either preferred their own computer system for non-clinical software or were more interested in loading clinical reference material onto their PDA.

Negative comments voiced included short battery life, poor screen readability, screen too small, awkward to use, not enough storage capacity, and transmission difficulties.

In summary, the providers appear to be adjusting to the various PDAs and exploring the various software programs that are available. In addition, nurses, nurse practitioners, pharmacists and others are also exploring the benefits of using a PDA. ITSC plans to conduct another survey toward the end of the year to determine whether the providers and other practitioners are continuing to use the PDA with the capabilities addressed in the original survey or whether new applications and patient-related data is being added. A follow-up article will be provided. For more information, visit http://www.ihs.gov/MedicalPrograms/CIR/informatics.asp.

Chris Lamer, PharmD, CDE, LT, USPHS

RPMS Support Center Statistics

The RPMS Support Center closed 494 support calls between June 1 and September 31 of this year. Here's a breakdown of those calls:

1. Open 0-7 Days: 312
2. Open 8-14 Days: 47
3. Open 15-21 Days: 13
4. Open over 22 Days:122

You can contact the RPMS Support Center by:

Phone: 888-830-7280
505-248-4371

Email: RPMSHelp@mail.ihs.gov

Web: www.rpms.ihs.gov/TechSupp.asp

Lucas Covington, User Support Specialist

Electronic Signature of Lab Results- Fantasy or Reality?

It is 8am Monday morning at the Chinle Comprehensive Health Care Facility. Dr. Maddie Record arrives, pours herself a cup of coffee, turns on her computer, and signs onto the RPMS. The first thing she sees is a message stating that she has 8 lab results to review, 2 of which are critical and 6 of which are abnormal.

Before seeing her patients, she decides to review the critical lab results. She chooses the option to review new labs and, after careful consideration, she signs the lab results using her electronic signature code.

At the end of the day, Dr. Record returns to her computer to finish reviewing her lab results. She now has 10 new labs to review. After reviewing the first lab she forwards it to one of her colleagues for a second opinion. The second lab result belongs to a patient that was admitted and treated by another physician so she reassigns it to the attending physician. The remaining 8 labs she reviews and signs with her electronic signature code. Since she is going on vacation for a week, she assigns her colleague, Dr. Adam, as her surrogate for the week so that he can review and sign her labs while she is gone. She finishes her coffee, puts on her coat, turns out the lights, and leaves knowing that all her lab results will be reviewed while she is gone.

Fantasy or Reality?

Reality. The providers at the Chinle Comprehensive Health Care Facility have been using the Lab Electronic Signature enhancement, developed by the Information Technology Support Center (ITSC) and Mitretek, Inc., since January 2002.

The Lab Electronic Signature enhancement was designed to help providers review and sign-off on lab results with more ease.

Participating providers will have the following new capabilities:

- When signing into RPMS, receive alert messages of lab results to review
- Review lab results (either complete or pending) through the new menu option
- Electronically sign off on reviewed lab results
- Review any lab results from another participating physician who has named you a surrogate
- Forward lab results to other participating physicians for additional review
- Run a Signed Lab Results report for lab result tracking

In addition to the Electronic Signature capability, a new audit report is available. This report, which can be turned on or off, will track RPMS users who are reviewing lab results.

The Electronic Signature software is now available to all I/T/U sites that are currently using the RPMS Laboratory Package. If a site is interested in using the software, they can contact their site manager or area office for installation. Once installed, site managers will assign new security keys and menus to participating providers and assist these providers with assigning themselves an electronic signature using "toolbox" in the RPMS. Security for the software is the same as other RPMS applications in that the users have unique access and verify codes to sign onto the RPMS and a unique electronic signature code to "sign" the lab results.

Training classes sponsored by ITSC will be available at the Area offices and at the National Programs training facility in Albuquerque, NM. For information on the application or to obtain the training schedule, please contact Catherine Moore at 505-248-4430.

Catherine Moore, User Support

IHS and HIPAA

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EDI transactions for current RPMS software. The ITSC has been coding standardized formats for several of our existing packages—Third Party Billing, Accounts Receivable, Patient Registration, Contract Health, and Pharmacy Point of Sale. Eight EDI transactions based on X12 formats apply to these packages.

The deadline for HIPAA electronic transactions compliance was October 16, 2002. While our software packages were compliant by the deadline, there is still a lot of work to be done. IHS has requested and been approved for an extension from CMS, mainly due to the individual payor testing and connectivity requirements that still need to be addressed.

HIPAA compliance has pulled a great deal of time and resources from the ITSC, and because of the dedicated work of ITSC staff, the HIPAA challenge is being successfully met. In fact, in many ways IHS has taken the lead on HIPAA preparedness-- IHS is one of the only software vendors (if not the only one) to actually pass the PAID testing of NCPDP V 5.1 changes in the Pharmacy package.

Juan Torrez, Documentation Specialist

HIPAA-Related RPMS Patches

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Contract Health System (ACHS) V3.1, Patch 5

Patch 5 of version 3.1 of the Contract Health System package addresses issues related to recent HIPAA Title II requirements. To meet these requirements, this patch implements the X12 278 transaction set for HIPAA compliance.

Patch 5 also contains a number of non-HIPAA related fixes and modifications.

Pharmacy Point of Sale (ABSP) V1.0, Patch 3

Patch 3 of the Pharmacy Point of Sale package addresses issues related to recent HIPAA Title II requirements. This patch integrates the NCPDP V5.1 to accommodate HIPAA-compliant payors, while maintaining V3.2 functionality for the remaining payors who filed an extension.

The majority of the changes in this patch are on the backend of the package and are not seen by the end users.

Patient Registration (AG) V6.0, Patch 17

Patch 17 of version 6.0 of the Patient Registration package addresses issues related to recent HIPAA Title II requirements. To meet these requirements, this patch contains HIPAA-complaint eligibility checks based on the 270 and 271 export formats.

This patch also contains CMS Medicare eligibility enhancements.

Standardization	Description	RPMS PackageAffected
837	Health care claims (Institutional, Professional, and Dental)	Third Party Billing
835	Health care claim payment/advice	Accounts Receivable
270/271	Health care eligibility/Benefit inquiry and information response	Patient Registration
276/277	Health care claim status request and response	Accounts Receivable
278	Health care services review-request for review and response	Contract Health Services
NCPDP v5.1	Drug benefits and eligibility inquiry	Pharmacy Point of Sale

RPMS Training Schedule

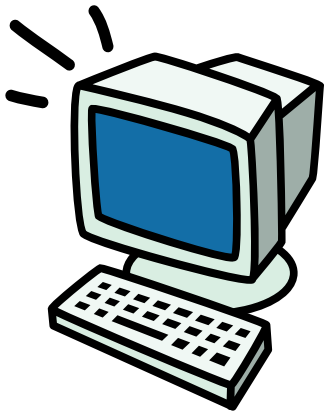
October

California Area
10/9-10: Referred Care Information System

CRIHB
10/22-23: Patient Scheduling V 5.0
10/24: Patient Registration V 6.0

Phoenix Area
10/16-17: Referred Care Information System

Portland Area
10/28-29: Chemical Dependency Management Information System



November

Alaska Area
11/4-6: Third Party Billing*

CRIHB
11/19-20: Patient Care Component

Navajo Area
11/19: Laboratory Package/ Electronic Signature*
11/20: Patient Chart (GUI)*

NW Portland Area IHB
11/5-7: Diabetes Management System

Oklahoma Area
11/12-14: Diabetes Management System*

Phoenix Area
11/5-7: PCC Output Reporting

Portland Area
11/4-8: Level 1 Site Manager's Training

*** Training Co-Sponsored by ITSC**

December

Aberdeen Area
12/3-5: Site Manager's Training

Albuquerque Area
12/16-20: Introduction to Laboratory Package*
12/10-12: PCC+*

Billings Area
12/10-11: Third Party Billing/ Accounts Receivable*

California Area
12/10-12: Diabetes Management System*****

CRIHB
12/3-4: Referred Care Management System
12/5-6: Contract Health System
12/11: Immunizations V 7.1
12/18-19: Dental Data System V 6.0

Phoenix Area
12/2-6: PCC Data Entry I & II

Portland Area
12/9-13: Third Party Billing/ Accounts Receivable

IHS to Upgrade Help Desk Software

Peregrine ServiceCenter has recently been purchased by IHS to replace the NOIS system. The Peregrine software is very robust and will be a more powerful and a much needed replacement to NOIS. This is part of a collaborative effort to make the help desk more efficient at resolving IHS help desk issues. The key implementation personnel recently completed the first ServiceCenter training class with other classes to follow. They are, also, currently moving from the installation phase to the customization phase of the software. So far, the software looks like it will be a great asset not only to the help desk, but to all of IHS.

Lucas Covington, User Support Specialist

Final Report on the Pilot Data Warehouse Project

The Pilot Data Warehouse (PDW) Project was initiated in July 2001, by the Data Quality Action Team and the Division of Information Resources (DIR). Its purpose was to test assumptions and gain knowledge about issues that needed to be understood and addressed in order for IHS to implement an enterprise-wide, national data warehouse environment for IHS, Tribal, and Urban healthcare systems.

The PDW was designed to accept a large spectrum of data extending from FY 1997 approximately through the end of FY 2001, data that came from multiple sources. IHS worked closely with experts from IBM and the SAS Institute on this project.

Because the primary purpose of the PDW project was to test assumptions and gain knowledge, it was designed along several specific principles. We designed the PDW to gather and store as much granularity as possible. We performed minimal data cleansing and data transformation in loading the staging tables and between staging and DW tables. We did not unduplicate encounter records if they came from different sources. Finally, we stored all modified and deleted records, flagging the current snapshot rather than deleting data.

The PDW was remarkably successful in that we were able to test the most important assumptions and gained critical knowledge on most of the issues that we must understand and address. The following items are a sample of what we accomplished during this project:

- Designed, tested, and implemented new logical and physical models
- Designed, tested, and implemented extraction, transformation, and load (ETL) processes
- Loaded multiple data types
- Extensively analyzed data from one non-RPMS site to better understand the issues relating to loading such data in DW1
- Designed and implemented post load processing (e.g., processes to handle suspect SSNs and names)
- Developed initial metadata on these data types
- Demonstrated that we could produce accurate Workload and User Pop Reports from the PDW
- Demonstrated that we could produce reports providing information on the quality of their data back to source systems including reports on field content and deviations from historical norms
- Demonstrated that we could produce ORYX and GPRA-type clinical performance measures from the PDW
- Identified the types of ORYX data transport reports we would like to implement in DW1
- Implemented an "unduplication" method for truly duplicated or modified RPMS encounter and registration records using their unique encounter and registration record IDs, respectively
- Identified data that will be handled in a more normalized fashion during DW1 (e.g., medications, labs, and clinical measurements)
- Designed and implemented a backup and recovery process for PDW
- Assessed and implemented a security plan for PDW

Based on our experience from this PDW project, the PDW team recommended to DIR senior management that we proceed with completing the design and implementation of the first iteration of an enterprise-wide, national data warehouse environment for IHS, Tribal, and Urban healthcare systems, as described in the "DW-1 User Requirements/ Conceptual Design" document.

Dr. Stan Griffith,
Medical Research Officer

Telecommunication Update

PIX Firewall: The PIX firewall implementation for all Area offices is completed.

Internet Access: We have completed the installation of Internet Access for all Area offices. These links are the first phase in implementing a VPN backbone between Area offices and the other computers used to support IHS patient care delivery across the nation. Once the VPN installation is completed, all Areas will be able to operate and transmit data without having to depend on a central location, such as ITSC, being operational. Since the e-mail gateway is still at ITSC, only external e-mail would be affected if the gateway goes down. IHS mail is affected if the gateways go down. Areas would still be able to access the Internet to exchange data with other systems used in patient care. This new network will provide a fail-safe operation that will assure the IHS continues to provide timely health care.

Video Conferencing: We have tested sending video conferencing over the Internet Access Point in Alaska and receiving it at ITSC over our Internet Access point. The results are very encouraging and the plan is to implement this process for all Area offices within the next month.

FTS Bills: FTS bills for ITSC are generated through a contract with USDA, who is responsible for billing for government agencies. When it generates the bills, USDA matches and reconciles them to the official MORRIS bill produced by GSA. Although this process is slightly more time consuming than ITSC generating the bills, it has proven to be valuable to IHS. USDA has found some non-IHS records among IHS charges from MCI and will be removing them from the system. Overall, the USDA billing process will ensure both timely and accurate billing for FTS services.

Caché Conversion: Phase I of the Caché conversion is progressing smoothly. Caché has been installed at Taos, Lawton, and Parker. The goal of the initial phase is to develop a standard installation manual that can be used to implement Caché throughout IHS beginning early in the 2003 calender year.

Universal Service Funds: We are busy verifying and submitting the Universal Service Fund agreements for various Areas across IHS. The Universal Service Fund is a tax charged on urban phone service and credited to rural sites to reduce the cost of rural service.

The credit is returned to rural sties as a reimbursement. One big change this year is that the actual funds are sent to MCI instead of the IHS Areas.

IHS Billing: Additional savings have been realized through the services of Parsons Consulting, obtained under a DHHS contract to ensure that the IHS FTS bills match the services being billed to the IHS. The process implemented by Parsons has identified several interesting issues in the billing, including IHS liens which have been charged to other agencies and those of other agencies being charged to IHS.

Accord Video Bridge: The Accord video bridge at ITSC has become increasingly busy the last few months. We are now able to conduct simultaneous multi-point video calls over the same bridge and allow the translation of ISDN and IP video conference calls.

Web Filtering: ITSC has purchased Websense, an http blocking and tracking system that will replace the E-trust system now used at ITSC. This package will be installed on all the Internet Access points.

Resource Sharing: ITSC continues to work with the HHS Network Modernization Team to find ways to share resources when more than one HHS agency server shares a location.

Tom Fisher, Supervisory Computer Specialist

Web Team News

New Internet Interface Rollout
The IHS Internet got a new look recently with a new Internet interface. On the front end, this design is more Section 508 compliant and includes the HHS logo in the banner to promote the concept of "One HHS," in which all HHS agencies are more unified in their use of resources.

On the backend, the new Internet interface offers more consistent, more flexible, less time-consuming site development through the use of variables. Elements such as site colors and menu navigation can now be controlled by variables rather than being hard-coded into each individual html page. This functionality allows content managers to focus more on updating their content and less on updating the visual elements of their pages, but without limiting the abilities content managers already have to customize the overall look and feel of their site. Content managers will need to work with their assigned web account representatives to learn how to use the new variable functionality. Other additions directly aimed at content managers include two new templates, one for program sites in general and one for navigational menus within a program site.

IHS Calendar
The Web Team is also working on converting the IHS event calendar from a flat PDF file to a web application. The web application will create a dynamic, up-to-date calendar of events. It will support online event requests, searches by type of event, archiving with documents (notes, handouts, PowerPoint presentations, etc.), and dynamically-generated location maps. The new calendar application will also support an online approval/ denial process for administrators to manage event requests.

Online Weekly Employee Reporting System (WERS)
Datacom employees at ITSC have been using the WERS for a few months now. This system allows employees and their supervisors to track the overall status of ITSC projects and the time each individual employee spends on each project. The system also allows supervisors to track which employees are officially assigned to which projects. The web team will be creating a single, dynamic database that employees and supervisors can use to see the status of any project in real time.

Event Travel Request Web Page
When five or more federal employees travel to the same location at the same time, additional approval is required. The web team is currently working on the web page to automate the request/ approval process.

Jo Robar, Web Developer

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